



From: Lisa White
Shidler Telephone Co.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Shidler Telephone Company

Service Provider Name

Box 25
120 Broadway
Shidler, OK. 74852

Service Provider Type ☐ Wireless

☒ Wireline

wireline

Name(s) of Wireless License Holder(s)

Contact Name
John White

Contact Tel #
918-793-2211

Fax #
918-793-7211

E-mail Address
shidlero@lamerica.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Shidler, Webb City, Foraker, Grainola and Wynona all in Osage County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Shidler, Webb City, Foraker, and Grainola, Oklahoma, All of these communities have a local dial up number for Ambulance and Fire Dept. which is a volunteer service. #918 793-3616

Wynona, Oklahoma, has a local number for their volunteer Fire Dept. #918 846-2455 and the Ambulance Service is a toll call to Pawhuska Hospital, #918 287-1341

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

There is no statewide answering point that exists and the Oklahoma Governor's office has been notified, that no local response point has been identified and I am waiting for the designation or local response point from the Governor.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Date Unknown...

Section 8 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity



I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.



I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature



Printed name of authorized representative: John M. White

Title: President / Gen. Mgr.

Date: 3/7/2002

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.